

UTAH STATE TAX COMMISSION PROPERTY TAX DIVISION 2008 CAPITALIZED NET REVENUE (CNR) INCOME QUESTIONNAIRE

Taxpayer Name:		Taxpayer No:			
Mine Name:		Unit No.:			
		County:			
GROS	SS INCOME				
1	Gross Mineral Sales	(SCHEDULE 1)	\$		
2	Self-Consumed Minerals - Using Representative Sales	(SCHEDULE 2)	\$		
3	Premiums, Bonuses and Subsidies		\$		
4	Interest Income		\$		
5	Other Income (SCHEDULE 5)		\$		
	Total	(ADD LINES 1 THROUGH 5)	\$		
	WABLE COSTS				
	Salaries and Wages		\$		
	Payroll Taxes and Employee Benefits		\$		
8	Workers Compensation Insurance		\$		
9	General Insurance		\$		
10	Severance Taxes		\$		
11	Sales and Use Taxes		\$		
12	Supplies and Tools		\$		
13	Utilities		\$		
14	Maintenance and Repairs		\$		
15	Office and Accounting		\$		
16	Legal Fees		\$		
17	Exempt Royalties	(SCHEDULE 17)	\$		
18	Fuel		\$		
19	Transportation		\$		
20	Miscellaneous Costs	(SCHEDULE 20)	\$		
1	SubTotal (See Footnote 3)	(ADD LINES 6 THROUGH 20)	\$		

FOOTNOTES:

- 1. Miscellaneous Costs: See Income Questionnaire Instructions.
- 2. **Costs not Allowed:** Interest Expense, Bank Charges, Depletion, Amoritizaiton, Corporate overhead or other costs not directly related to the operation of the mining property.
- 3. **Costs Calculated by the Property Tax Division:** Federal Income Tax, State Income Tax, Property Tax and Depreciation.
- 4. **Deductibles:** See Income Questionnaire Instructions.



UTAH STATE TAX COMMISSION PROPERTY TAX DIVISION

2008 CAPITALIZED NET REVENUE (CNR) **INCOME QUESTIONNAIRE SCHEDULES**

Taxpayer Name:	State Taxpayer No:				
Mine Name:		Jnit No:			
	County:				
SCHEDULE 1: GROSS MINERAL SALES MINERAL TYPE	UNITS SOLD	UNIT TYPE	VALUE / UNIT	AMOUNT RECEIVED	
MINUTA CELLIFIC	CHITO GOLD	OIIII III E	VALUE / GIVIT	AMOON RESERVED	
		1			
		+			
TOTAL GROSS MINERAL SALES	(ENTER ON LINE 1)		\$		
SCHEDULE 2: SELF-CONSUMED MINERALS - USING REPRE					
MINERAL TYPE	UNITS SOLD	UNIT TYPE	VALUE / UNIT	AMOUNT RECEIVED	
		+			
		1			
		+			
TOTAL SELF-CONSUMED MINERALS SALES	(ENTER ON LINE 2)		\$		
SCHEDING E OTHER INCOME (INCLUDES ALL DOVALTIES E	DECEIVED)				
ROYALTY PAYOR AND ADDRESS	CHEDULE 5: OTHER INCOME (INCLUDES ALL ROYALTIES RECEIVED) ROYALTY PAYOR AND ADDRESS TELEPHON				
		+			
TOTAL OTHER INCOME	(ENTER ON LINE 5)		\$		
SCHEDULE 17: EXEMPT ROYALTIES (INCLUDES ALL ROYAL	TIES PAID)				
ROYALTY PAYEE AND ADDRESS		TELEPHONI	NUMBER	AMOUNT PAID	
TOTAL EXEMPT ROYALTIES	(ENTER ON LINE 17)		\$		
	(==,		17		
SCHEDULE 20: MISCELLANEOUS COSTS DESCRIPTION OF MISCELLANEOUS COSTS	1	AMOUNT PAID			
TOTAL MISCELLANEOUS COSTS:	(ENTER ON LINE 20)		\$		
TOTAL WIGGELLANEOUS GOSTS.	(EINTER ON LINE 20)		ĮΦ		



Utah State Tax Commission Property Tax Division

Natural Resource Section 2008 ADDITIONS & DELETIONS OF LAND

Taxpayer Name:	Tax Area No:			
Name of Mine:				
County:	Property No:			
Addition: Deletion:				
Property Description	n			
Property Name: State Property No: County Serial No: Mining Claim Survey No: Location: Township Range Total Parcel Acreage: Acreage Utilized for Mining: IF OWNED: Date Recorded By County: County Book & Page No: Purchase Price: IF LEASED: From Whom: To Whom: Name: Address: Address: Telephone No: Fax No: Email Address: Date of Lease: Terms of Lease:	Section			
				

One Additions/Deletions parcel per page.

Include only land used for mining on January 1, 2008 or in the mine plan.



Utah State Tax Commission

Property Tax Division

Natural Resource Section

2008 LEASED ASSETS

Taxpayer:	State Taxpayer No:
Property Name:	Tax Area:
County:	Property No:

Please list all leased assets on your mine site for which you are not responsible for paying the property taxes.

	RENTAL		T
DESCRIPTION OF LEASED ASSET	EXPENSE	EQUIP. COST	LESSOR
			NAME:
			ADDRESS:
			TELEPHONE NUMBER:
			NAME:
			ADDRESS:
			TELEPHONE NUMBER:
			NAME:
			ADDRESS:
			TELEPHONE NUMBER:
			NAME:
			ADDRESS:
			TELEPHONE NUMBER:
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			NAME:
			ADDRESS:
			TELEPHONE NUMBER:
			NAME:
			ADDRESS:
			TELEPHONE NUMBER:



UTAH STATE TAX COMMISSION PROPERTY TAX DIVISION

2008 RETURN OF ASSESSMENT

ADDITIONS / DELETIONS OF PERSONAL PROPERTY & IMPROVEMENTS

raxpayer Name.					raxpayer No					
Unit Name:							County:			
						Property No:				
Add or Delete	Туре	Make	Model	Description	Serial Nbr.	Taxpayer Equip. Nbr.	Purchase Year	Personal Property Class	Acquisition Cost	
						1				
						+				
						1				